



# Medical Professionals Health Program

## Psychiatrist and/or Addiction Medicine Specialist

### Report Form

(To be completed by psychiatrist and/or Addiction medicine Specialist)

You are asked to monitor the progress of one of our participants. In order to best aid colleagues in distress, we ask that you please submit this form to the address below.

MPHP Participant Name: \_\_\_\_\_

Report Date: \_\_\_\_\_ Monthly Report / Quarterly Report (circle one)

How many times have you observed the participant over the reporting period? \_\_\_\_\_

Dates of visit(s): \_\_\_\_\_

Diagnosis:  Has changed (explain/describe below or on attachment).  Unchanged.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications I have prescribed and/or am monitoring:

Initial report / new or changed prescription.  Unchanged (previously documented).

Please list date of prescription, medication, dosage and number of refills.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate finding for each listed criteria:

(S = Satisfactory; U = Unsatisfactory)

	S	U
1. Participant is in compliance with my treatment and recommendations.	_____	_____
2. Actively participates in sessions, sharing freely	_____	_____
3. Appears actively involved in own recovery process.	_____	_____
4. Based on what you know about this participant, do you have any new concerns that might indicate this participant may be unable to practice safely?	_____	_____

Would you like the MPHP to call you regarding this participant?  Yes  No

\_\_\_\_\_  
Psychiatrist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychiatrist's Name (printed)

\_\_\_\_\_  
Phone / Email